



OFFICE OF CONGRESSMAN ANTHONY G. BROWN

MARYLAND'S FOURTH CONGRESSIONAL DISTRICT

PRIVACY RELEASE FORM FOR SOCIAL SECURITY CASEWORK



Under the Federal Privacy Act of 1974, Congressman Brown's office must have a signed privacy release form outlining your problem or a signed letter which clearly states your issue. This provides our office permission to look into the matter on your behalf. Please send this **SIGNED** release form or letter to the office listed below via US Postal Service or fax. Please include any relevant identifying information and supporting documents which relate to your inquiry. **WE MUST HAVE YOUR SIGNATURE AND EXPLICIT REQUEST FOR ASSISTANCE TO LOOK INTO A MATTER ON YOUR BEHALF.**

NAME: (PLEASE PRINT): _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____

FEDERAL AGENCY INVOLVED: _____

SOCIAL SECURITY NUMBER: _____ CASE NUMBER (IF APPLICABLE): _____

HAVE YOU CONTACTED ANOTHER ELECTED OFFICIAL REGARDING THIS CASE? IF YES, LIST BELOW:

EXPLAIN THE PROBLEM INCLUDING DATES, LOCATIONS, NAMES: USE ADDITIONAL PAPER IF NECESSARY, INCLUDE COPIES OF APPLICABLE SUPPORTING DOCUMENTS.

I AUTHORIZE CONGRESSMAN BROWN AND HIS STAFF TO RECEIVE INFORMATION RELATED TO MY CASE/INQUIRY.

SIGNATURE (SIGN IN INK): _____ DATE: _____

PRINT NAME: _____

PLEASE RETURN VIA MAIL OR FAX TO:

CONGRESSMAN ANTHONY G. BROWN
ATTN: CONSTITUENT SERVICES
9701 APOLLO DRIVE, STE. 103